

Center Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INFANT MENU** \*7 CFR 226.20 (b)(5)***Circle, Highlight or List Food to specify component served. Incomplete Menus will be disallowed***

		<b><i>0-3 months</i></b>	<b><i>4-7 months</i></b>	<b><i>8-11 months</i></b>	
<b>Lunch</b>	<i>Milk</i>	4-6 Fl. Oz Iron Fortified Infant Formula <b>OR</b> 4-6 Fl Oz. Breast milk	4-8 Fl. Oz Iron Fortified Infant Formula <b>OR</b> 4-8 Fl. Oz. Breast milk	6-8 Fl. Oz Iron Fortified Infant Formula <b>OR</b> 6-8 Fl. Oz. Breast milk	<b><i>Total #</i></b>
	<i>Meat/ Meat Alt</i>		0-3 Tbsp. Iron Fortified Cereal	2-4 Tbsp. Iron Fortified Cereal	
	<i>Fruit/ Veg</i>			1-4 Tbsp. Vegetable/Fruit : <i>(List food served)</i>	
		<i>Number of Infants Served:</i>	<i>Number of Infants Served:</i>	<i>Number of Infants Served:</i>	
<b>Supper</b>	<i>Milk</i>	4-6 Fl.Oz Iron Fortified Infant Formula <b>OR</b> 4-6 Fl Oz. Breast milk	4-8 Fl.Oz Iron Fortified Infant Formula <b>OR</b> 4-8 Fl. Oz. Breast milk	6-8 Fl.Oz Iron Fortified Infant Formula <b>OR</b> 6-8 Fl. Oz. Breast milk	<b><i>Total #</i></b>
	<i>Meat/ Meat Alt</i>		0-3 Tbsp. Iron Fortified Cereal	2-4 Tbsp Iron Fortified Cereal <b>OR</b> 1-4 Tbsp Meat/Meat alternative: <i>(List food served)</i>	
	<i>Fruit/ Veg</i>		0-3 Tbsp: Vegetable/Fruit: <i>(List food served)</i>	1-4 Tbsp. Vegetable/Fruit: <i>(List food served)</i>	
		<i>Number of Infants Served:</i>	<i>Number of Infants Served:</i>	<i>Number of Infants Served:</i>	
<b>Snack</b>	<i>Milk</i>	4-6 Fl.Oz Iron Fortified Infant Formula <b>OR</b> 4-6 Fl Oz. Breast milk	4-6 Fl. Oz Iron Fortified Infant Formula <b>OR</b> 4-6 Fl. Oz. Breast milk	2-4 Fl.Oz Iron Fortified Formula <b>OR</b> 2-4 Fl. Oz Breast milk <b>OR</b> 100% Fruit Juice	<b><i>Total #</i></b>
	<i>Fruit</i>				
	<i>Grain</i>			0--1/2 slice of bread or 0-2 crackers	
		<i>Number of Infants Served:</i>	<i>Number of Infants Served:</i>	<i>Number of Infants Served:</i>	